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In re patent of

: David L. JAMES, et al.

Docket No.

: P43279

Application No.

: 08/399,763

Patent No.

: 5,717,868

Filed

: 03/07/1995

Issued

: 02/10/1998

For

: ELECTRONIC PAYMENT INTERCHANGE CONCENTRATOR

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is a REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS in the above-captioned application.

The fee has been calculated as shown below:

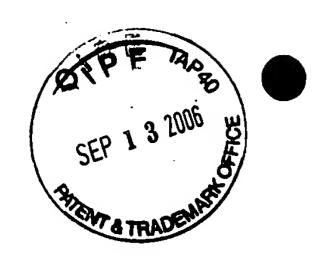
Claims After Amendment	No. of Claims Previously Paid	Present Extra	Small Entity		Large Entity	
		1	Rate	Fee	Rate	Fee
*Total Claims:			x 25=	\$	x 50=	\$
**Indep. Claims:			x 100=	\$	x 200=	\$
Multiple Dependent Claims Presented			+180=	\$	+360=	\$
Extension Fees for Month				\$		\$
				\$	500	\$
			Total:	\$	Total:	\$

- * If less than 20, write 20
- **If less than 3, write 3
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- X The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2929:
 - X Any additional filing fees required under 37 C.F.R. 1.16.
 - X Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1 .136)(a)(3).

August 7, 2006

Date

Abraham Hershkovitz Reg. No. 45,294



REVOCATION OF POWER OF Patent Number 5,717,868 ATTORNEY WITH NEW issued Date 02-10-1998 POWER OF ATTORNEY AND First Named Inventor David L. JAMES **CHANGE OF** Application No. 08/399,763 **CORRESPONDENCE** Examiner's Name James P. TRAMMELL **ADDRESS** Attorney Docket No. P43279 I hereby revoke all previous powers of attorney given in the above-identified application. [] A Power of Attorney is submitted herewith. OR [X] I hereby appoint the practitioners associated with the Customer Number: 000040401 [X] Please change the correspondence address for the above-identified application to: CORRESPONDENCE ADDRESS [X] Customer Number: 000040401 OR Correspondence address below Name Address City State Zip Code 703-370-4800 Fax: 703-370-4809 Country Telephone I am the: [] Applicant/Inventor [X] Assignee of record of the entire interest. Sec 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. STATEMENT UNDER 37 CFR 1.373(b)(1)(ii) and 37 CFR 1.373(b)(2)(i) The documentary evidence of a chain of title from the original owner to the assignee is recorded in the assignment records of the Office at Reel 017223 and Frame 0102. The person signing below is a person authorized to act on behalf of the Assignee. Signature of Applicant or Assignee of Record Claudio R. Ballard, Chairman Name DATATREASURY CORPORATION / Signature Date Lelephone 469-361-0000